#### **Recipient Committee** COVER PAGE Campaign Statement CHLEORNIA Cover Page 2001/02 (Government Code Sections 84200-84216.5) FURM FEB 03 2004 Statement covers period Date of election if applicable (Month, Day, Year) Page\_1 07/01/2003 from TRAR OF VOITETRO Official Use Only SEE INSTRUCTIONS ON REVERSE through 12/31/2003 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: III Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee Preelection Statement State Candidate Election Committee Quarterly Statement O Primarily Formed □ Semi-annual Statement Recall Special Odd-Year Report O Controlled (Also Complete Perl 5) ☐ Termination Statement Sponsored Supplemental Presiection Amendment (Explain below) (Also Complute Part ® Statement - Attach Form 495 ☐ General Purpose Committee ♠ Sponsored ☐ Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Alac Complete Parl 7) I.D. NUMBER 3. Committee Information 1237231 Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Norby for Supervisor Betty Preslev MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP COOE AREA CODE/PHONE · CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I

true and correct.

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Official cities, Canadala, State Manaura Proportion

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 868/ASK-FPPC State of California

i. Officeholder or Candidate Controlled Committe	8 ·	6.	Ballot Measure Commi	ttee		
NAME OF OFFICEHOLDER OR CANDIDATE		3	NAME OF BALLOT MEASURE			
Chris Norby	•		TOTAL DE BALLUT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU Board of Supervisors County of Orange	IMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN .	SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling offi	ceholder, car	ndidate, or state meas	
Deleted Committee			NAME OF OFFICEHOLDER, CAN			
Related Committees Not included in this Statem not included in this statement that are controlled by you or are contributions or make expenditures on bahalf of your candidate.	males with the second second second		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME I.D.	NUMBER					
	NTROLLED COMMITTEE?	7.	Primarily Formed Come which this committee is prima	mittee List r rily formed.	names of officeholder(s)	or candidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)	*		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
SIMIC ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LO SUPPORT
COMMITTEE NAME ID.	NUMBER	•	NAME OF OFFICEHOLDER OR C			☐ OPPOSE
NAME OF TREASURER	TDOUGD OF THE STATE OF THE STAT	,	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE
	TROLLED COMMITTEE? YES NO	i	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		••				☐ OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		Attaci	h continuatio	n sheets if necessary	

#### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | Fage 3 of 31 | I.D. NUMBER | 1237231

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norby for Supervisor **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THE PERIOD (FROMATTACHED SCHEDLLES) CALENDAR YEAR RUTALT DONTE Running in Both the State Primary and General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ 25,092.00 89,356.00 2. Loans Received ...... Schedule & Line 3 1/1 through 8/30 7/1 to Date 0.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1+2 \$ \_ 20. Contributions 25,092.00 89,356.00 Received 4. Nanmonetary Contributions ...... Schedule C, Line 3 0.00 C.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ......Add Lines 3+4 \$ \_\_\_\_25,092.00 89,356.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 \$ 13,186.85 \$ Candidates 7. Loans Made ...... Schedule H, Line 3 0.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$ 13.186.85 22. Cumulative Expanditures Made\* 86,940,01 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 D.00 0.00 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 (mm/dd/yy) 0.00 0.00 86,940.01 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summery Page, Line 16 \$ \_ 55,329.84 . To calculate Column B. add 13. Cash Receipts ...... Calum A Line 3 above 25,092.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 0.00 from Column B of your last 15. Cash Payments ...... Column A, Line 8 above report. Some amounts in 13,186.85 Column A may be negative 67,234.99 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Pari 2 \$ \_\_\_\_ for this calendar year, only Since January 1, 2001. Amounts in this section may be carry over the amounts from Lines 2, 7, and 9 (if different from amounts reported in Column B. Cash Equivalents and Outstanding Debts any). · 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ 0.00 FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 868/ASK-FPPC www.aetfile.com

#### Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	LAUFORNA ACO
from07/01/2003	FORM 460
through 12/31/2003	Page4 _ of31
	I.D. NUMBER

Norby for S	orby for Supervisor						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. MIMBER)	CONTRIBUTOR CODE #	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (AAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
07/07/2003	Ms. Lorri Crowe	DIND COM OTH PTY SCC	Pinancial Officer  OC High School for the Arts	4C0.00	400.00	P 06 P 02	400.00 1,000.q
07/67/2003	Sandra S. Daniels	20	Komemaker None	1,400.00	1,400.00	P 06	1,400.00
07/07/2003	Sohail Masood	ED IND COM COTH CPTY CSC	Crescent Realthcare Inc.	250.00	250.00	P 06	250.00
	Michael D. Ray	IND COM	Real Estate Investor  Sanderson - J - Ray	500.00	500.00	P 06	500.00
07/07/2003	Sally Segeratrom	ED ND COM OTH PTY D SCC	Homemaker Wone	1,40G.00	1,400.00	P 06	1,400.00
			SUBTOTAL \$	3,950.00			

Sched	ule	A	Sum	mai	ry
-------	-----	---	-----	-----	----

	Amount received this period - contributions of \$100 or more,			
	(Include all Schedule A subtotals.)		\$_	23,302.00
	Amount received this period – unitemized contributions of less than \$100			
3.	Total monetary contributions received this period.			
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TAI .		25 002 00

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTV or SCC)
OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

www.netfile.com

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

	from <u>07/01/2003</u>	FORM TOU
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through <u>12/31/2003</u>	Page5_ of31
Northy for Supervisor		I.D. NUMBER
		1237231

OATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO ENTER LD. HUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SEUF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	70	ELECTION D DATE EQUIRED)
07/07/2003	Theodore Walter Segeratrom	COM COM COTH COTH CPTY SCC	Retired None	1,400.00	1,400.00	P 36	1,400.00
07/07/2003	Christopher Townsend	DIND COM OTH PTY SCC	Premident Townsend Public Affairs, Inc.	490.00	400.00	P 06	400.90
07/09/2003	Mr. John Earhart	100M 100M 100M 100M 100M 100M 100M 100M	Investor GEP Management	-1,000.00	-1,000.00	P 06 P 02	1,000.co -1,000.oo
<b>07/09/2</b> 003	Verlyn 'Sonny' Jenaen	END COM	Attorney  Cambria Partners, LLC	-225,00	25.00	P 06 P 02	475.00 -225.00
07/23/2003	CJ Segerstrom & Sons	□ ND □ COM □ OTH □ PTY □ SCC	•	400.00	400.00	P 06 P 62	1,400.00 1,000.00
G8/15/2003	BIA of Southern California PAC (\$741733)	OND OOM OOTH OPTY OSCC		400.60	400.00	P 06 P 02	1,400.00 0.60
SUBTOTAL \$ 1,375.00							

Monetary	chedule A (Continuation Sheet) lonetary Contributions Received  E INSTRUCTIONS ON REVERSE		ry Contributions Received  to whole dollars.			Statement covers period from			CALIFORNIA 460 FORM Page 6 of 31		
Norby for 9	pervisor	•					UMBER 37231				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC	FAR	70	ELECTION D DATE EQUIRED)			
08/06/2003	Teoromina Industries, LLC	IND COM IND OTH PTY SCC		-1,006.00	•	00.00	P 06	3,400,00			
08/15/2003	Chevron Texaco Corporation	COM COM COM COM COM COM COM COM COM COM		250.00	2	50.00	P 06 P 02	250.00 249.00			
08/15/2003	Diverse Strategies for Organizing	COM COM COM COTH PTY SCC		250.00	2	50.60	P 06	250.00			
08/15/2003	Jacobs Facilities, Inc.	COM COM COTH CPTY CSCC		250.00	2	50.00	P 06	250,00			
08/15/2003	Joon K. Kim	DIND COM OTH PTY SCC	Owner Goldstone, IAC	1,900.00	1,0	00.00	P 06	1,000.00			

DOM DOTH DPY SCC

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

249.00

249.CO

249.00

SUBTOTAL \$

08/15/2003

LSF II Fullerton, LLC

Schedule Monetary	Schedule A (Continuation Sheet)  Monetary Contributions Received		e or print in ink. Its may be rounded whole dollars.	Statement cov		CALIFORNIA 460		
NAME OF FILER	ONS ON REVERSE			through12/31/	2003	Pag	7	of <u>71</u>
Norby for Si	pervisor						UMBER 37231	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE ALSO ENTER LD. MUMGER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMA-OYED, ENTER NAME OF BURNIESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	70	ELECTION DATE EQUIRED)
05/09/2003	Casey P. Griffin	COM COM OTH PTY SCC	Real Estate Transell Crow	249.00		19.00	P 06	249.00
09/09/2603	Highpoince Communicies, Inc.	IND COM STOTH PTY SCC		249.00	24	19,00	P 06	249.00
09/09/2003	Mr. David Recupero	NO COM COM COM COM COM COM	Consultant  David Recupero & Associates	100.00	35	0.00	P 06 P 02	350.00 250.00
69/11/2003	ARM Consulting Engineers	28 ₹ 58 € 8 € 8 € 8 € 8 € 8 € 8 € 8 € 8 € 8		250,00	25	0.00	P 06 P 02	250.00 500.00
05/11/2003	National Traffic Safety Institute	IND COM GOTH PTY	•	250.0C	25	0.00	P G6	250.00

□scc

MO COM

□ PTY □ SCC

P 06 P 02

250.GO

1,348.00

250.00

SUBTOTAL \$

25G.00 1,000.00

09/11/2003

Smith Public Affairs

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNA 460

SEE INSTRUCTION	INS ON REVERSE	through <u>12/31/2003</u>		Page a of		of <u>31</u>		
Norby for Su	Norby for Supervisor							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE ALSO ENTER LD NUMBERS	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF BRIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	TO	ELECTION DATE EQUIRED)
09/11/2003	Vintage Marina	DIND COM DIOTH DPTY		250.00	2:	<b>50.00</b>	P 06 P 02	250.00 500.00
09/13/2003	Filen R. Marshall	COM COM COTH PTY SCC	Attorney  Manatt Phelps & Phillips	249.00	24	19.00	P 06	249.00
09/18/2003	Mosier & Company, Inc.	DIND COM GIOTH DPTY CI SC		249.00	24	19.00	P 05	249.00
<b>09/19/2003</b>	ACS State & Local Solutions	□ SC □ COM □ OTH □ PTY □ SC		250.00	25	0.00	5 05 5 96	250.00 500.00
09/19/2003	Cara Ambulance Servica, Inc.	□ IND □ COM □ OTH □ PTY □ SCC		500.00	50	0.00	P 06 P 02	500.00 900.00
<b>09/19/2003</b>	Emergency Ambulance Service, Inc.	□ ND □ COM □ OTH □ PTY □ SCC		500.00	50	G.00	P 06 P 02	500.00 500.00
		N. The Court of th						

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

				from07/01/3	2003	۶	ORM	400
	ONS ON REVERSE			1hrough <u>12/31/</u> 2	2003	Pag	9	of <u>31</u>
NAME OF FILER Norby for Su	pervisor						UMBER 37231	
DATE RECEIVED	FULL NAMÉ, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE ALSO ENTER LO MUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF SUBMESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	1	ELECTION TO DATE REQUIRED)
09/19/2003	Gao Symitec Consultants	IND COM DOTH PTY		250.00	5	00.00	P 06 P 02	500.00 500.00
09/19/2003	Intratek Computer, Inc.	COM COM DE OTH PTY SCC		250.00	2	50.00	P 06 P 02	250,00 500,00
09/19/2003	Irvine Company	IND COM GIOTH PTY		250.00	4	00.60	P 06 P 02	1,400.00
09/19/2003	Paragon Partners I/ID	DOM DOM DOTH DPTY DSCC		250.00	2	50.00	P 06	250.00
09/19/2003	Larry E. Slagle	DEIND COM OTH PTY SCC	President, Yellow Cab of North OC	250,00	2	50.00	ħ 0e	250.00
09/19/2003	Studio Three Sixty	DIND COM DIOTH DITY SCC		250.00	2	50.00	P 06	250,00

SUBTOTAL \$

Type or print in ink.
Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Northy for Supervisor

I.D. NUMBER 1237231

DÄJE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALBO ENTER 10 MANUERS	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER MANE OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TC	ELECTION DATE EQUIRED)
09/19/2003	Three Star Nursery Inc.	DIND COM	·	250.00	250.00	P 06 P 02	250.00 250.00
09/23/2003	Sapetto Government Solutions Inc.	COM		249. <b>0</b> 0	249.00	P 06	249.00
09/26/2003	Paul Salata	IND COM	Retired Name	249.00	249.00	P 06	249.00
09/29/2003	Mr. William Lyon	GIND COM OTH PTY SCC	Builder William Lyon Homes, Inc.	249.00	349.00	P 06 P 02	349.00 1,600.00
16/10/2003	Shea Homes	DIND COM GOTH PTY		249.80	299.00	P 05 P 02	299.00 1,000.00
10/11/2003	California Healthcare Association PAC (#790773)	IND INCOM		500.06	1,000.00	P 06 P 02	1,000.00
			SUBTOTAL	1,746.00			

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

				from 07/01/	2003	F	ORM	100
	ONS ON REVERSE			through12/31/	2003	Page		of <u>31</u>
Norby for Su	pervisor					I.D. NU 123	MBER 7231	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER UF SELF-EMPLOYED, ENTER MAME OF BUSINESS;	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	TO	LECTION DATE QUIRED)
10/11/2003	Edison International	COM COM COTH PTY CSCC		250.00	7:	50.00	P 06	750.00
16/13/2003	Century American Development Corp	DIND COM DIOTH PTY SCC	·	249.00	24	9.00	P 06	249.00
10/14/2003	Caltrop Engineering Coxp	IND COM GIOTH PTY SCC		-250.C0	25	0.00	P 06	250.00
19/14/2003	Mr. John Saunders	8 34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Real Estate Investor Saunders Property Company	100.00	10	0.00	P 06 P 02	200.00 250.60
10/15/2003	Mendy Baugh	DIND COM OTH PTY SCC	Homemaker,	249.00	24	9.00	P 06	249.00
10/15/2003	Phillip 1. Bonina	ES IND COM OTH PTY SCC	Regional Director Phillips 66 Company	249.00	24	9.00	P 06	249.90
			SUBTOTAL	847.00				ETTE S

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 460
from07/01/2003	FORM 400
through <u>12/31/2003</u>	Page 12 of 31
	ID MINNER

NAME OF FILER		<del>-</del>					
Norby for Supervisor	·					UMBER 37231	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRU	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, INTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	TC	ELECTION DATE EQUIRED)
10/15/2003 William R. Devine	DIND COM DOTH PTY SCC	Attorney Manatt Phelps & Phillips	249.00	2	49.0C	P 06	249.00
1C/15/2003 Roger A. Grable	DIND COM DIH DIY	Attorney  Manatt Phelps Phillips	249.00	2	49.00	P C6	249.00
10/15/2003 Robert Greenberg	DIND COM DITH DITY SCC	Pinancial Planner Greenberg Pinancial	249.00	2	49.00	P 06	249.00
10/15/2003 Susan Hori	DIND COM OTH PTY SCC	Attorney  Hanatt Phelps Phillips	249.00	2	49.00	P 06 P 02	249.00 50C.00
10/15/2003 Lisa A. Matheisel	IZIND COM COTH CPTY CSCC	Accorney  Manuatt Phelps Phillips	100.00	1	oc.00	P 06	100.60
10/15/2003 Pacific Equity Acuisition Group LLC	COM COM COTH CIPTY CISCC	·	249,60	2	15.00	P 06	249.00
		SUBTOTAL	1,345.00		11.7		TAVE 2

Type or print in ink.
Amounts may be rounded to whole dollars.

SEE INSTRUCTION	ONS ON REVERSE			through12/31/3	2003	Page	13(	of <u>31</u>
Norby for Su	pervisor			·		1 D. NL	/MBER 7231	***************************************
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC. 3	NR	TO	LECTION DATE QUIRED)
10/15/2003	Thomas D. Phelps	DIND COM OTH PTY	Attorney Hanatt Phelps Phillips	249.0G	24	9.0C	P 06	249.00
10/15/2003	Lisa Specint	GIND COM OTH PTY SCC	Attorney  Manact Phelps Phillips	249.00	24	9.00	P 06	249.0G
10/15/2003	John E. Stoner	DIND COM OTH PTY SCC	Actorney  Manact Phelps Phillips	249.00	24:	9.00	P 06	249.00
10/15/2003	Hartin J. Thompson	GINO COM OTH PTY CISCC	Attorney  Manatt Phelps Phillips	249.00	24	9.00	P 06	249.00
10/16/2003	John & Eleanor Murphy	EXIND COM OTH PTY SCC	Retired ,	100.00	100	0.00	P 06 P 02	100.00 300,00
10/17/2003	Anthony Florentine	ES IND COM OTH PTY SCC	Teacher NOCCCD	100.00	100	0.00	P 02	100.00 300.00

SUBTOTAL \$

Schedule A (Continuation Sheet) Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDUE A

Statement covers perfod
from 07/01/2003 CALIFORNIA 460

through 12/31/2003 Page 14 of 31

LD. NUMBER

NAME OF FILER Norby for Su	pervisor						UMBER 17231	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YO (JAN. 1 - DEC	EAR	TO	LECTION DATE QUIRED)
10/18/2003	A.J. Kirkwood & Associates, Inc.	DND DOTH PTY SSC		100.00	1	130.00	P 06	100.0C
10/19/2003	Bates Coughtry Reiss LLP	DE SCC		100.00	1	.00.00	P 06	106.00
10/19/2003	Steven Godbay	DIND COM OTH PTY SSC	President  Southwest Inspection & Testing Co.	250.00	7	250,00	P 06	250,00
10/19/2063	Ms. Mary Clyburn Lee	DOM COM OTH PTY SCC	Partner Caralo Engineers	250,00	-	250.00	P 02 P 02	350.00 500.00
10/19/2003	LSA Associates	DIND COM		250.00		250,00	F 416 P 412	250.00 250.00
10/19/2003	Anna Y. McDonnel	NO   COM   COM   COTH   COTH   COSC	Homemaker None	100.00	1	100.00	P C6 P 02	100.0C 125.00

SUBTOTAL \$

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

	SCHEDUE A
Statement covers period	CALIFORNIA 460
from07/01/2003	FORM 400
through <u>12/31/2003</u>	Page 15 of 31
	I.D. NUMBER

NAME OF FILER Norby for Supervisor 1237231 THUDMA IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR PER ELECTION DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER HAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) 10/19/2003 Schaefer Ambulance Service, Inc. □ ND 100,00 350.00 P 06 600.00 ☐ COM P 02 200.00 **☑** OTH □ PTY □scc 10/19/2003 Paulette Triay ☑ NO Retired 100.00 100.60 P 06 100.00 □ com P 02 100.00 □ OTH None ☐ PTY ☐ SCC 10/27/2003 Thomas Bak ☑ NO Executive 249.00 249.00 P 06 249.00 ☐ COM □ OTH Trammell Crow Co □ scc 10/27/2003 Tim Pagne Attorney ₩ ND 249.00 249.00 P 06 249.0C ☐ COM OTH Manatt Phelps Phillips □ SCC 11/12/2003 Mr. John Acosta Construction **IZI IND** 100.00 100.00 P 06 100.00 Administrator ☐ COM 700,00 ☐ OTH Ralph Allen & Partners ☐ PTY ☐ SCC 11/12/2003 Berg Electric Corporation ☐ NO 100.00 100.00 P C6 350.00 □ COM CHIO EX □ PTY ⊡scc SUBTOTAL S

Type or print in ink.
Amounts may be rounded to whole dollars.

1237231

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Morby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF DOMAITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	LECTION DATE QUIRED)
11/12/2003	Mr. George Bushala, Jr	DECOM COM COTH COTH COSC	Developer Bushala Brothers	150.00	150.00	P 06 P 02	150.00 500.00
11/12/2003	James B. Campbell	8 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Supervisorial Aide County of Orange	100.06	100.00	90 q	100.00
11/12/2003	Hr. Stan Chen	88	Engineering & Management Arborland	100.00	100.00	P 06	100.00
11/12/2003	Paul Cleary ·	DIND COM OTH PTY	Retired None	100.00	100.00	P 06 P 02	100.00 1,000,00
11/12/2003	Mrs. Rosemarie Collins	DE NO COM OTH PTY SCC	Teacher  O.C. D. R.	100.00	100,00	P 06 P 02	1CD,00 85.00
13/12/2003	Richard Davenport	DIND COM OTH PTY SCC	Retired None	100.00	100.00	P 06 P 02	100,00 560.00
			SUBTOTAL:	\$ 650.CD			n Markins

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALPORNA 460

	from07/01/2003	FORM	TUU
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2003</u>	Page 17 of	31
NAME OF FILER		I.D. NUMBER	
Norby for Supervisor		1237231	
	·	****	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE, ALSO ENTER I D. MUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	ELECTION DATE EQUIRED)
11/12/2003	Mrs. Lois Daybell	28	Retired None	100.00	100.00	P 06 P 02	100.00 50.00
11/12/2003	Hr. Robert Ferguson		Oil & Gas Production Coms Consultant	100.00	100.00	P 06 P 02	10C.00 20G.00
11/12/2003	William T. Fitzgerald	MD   COM   Com	Engineer MDS Nuclear, Inc.	100.00	100.00	P 06	100.00
11/12/2003	Prank Greinke, Sr	DIND COM OTH PTY SCC	Retired None	250.00	250.CD	P 06 P 02	1,000.00
11/12/2003	Robert W. Hernandez	IXI IND COM OTH PTY SCC	City Counçilman	100.60	100.00	P 06	1.00,00
11/12/2003	Lawrence Kumabe	ES IND COM COTH PTY SCC	Attorney Self Employed	100.60	100.00	P 06	850.00
			SUBTOTAL S	750.00		n ibis	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHELULE A
Statement covers period	CAL-FORNIA ACO
from07/03/2003	FORM 460
through <u>12/31/2003</u>	Page18_ of31
	I.D. NUMBER
	1237231

Northy for Supervisor						1237231			
DATE RECEIVED			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSANCES)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEAR (JAN. 1 - DEC. 31	AR TO DATE			
11/12/2003	Mr. Thomas Malloy    OM   OTH   OTH   OTH   OND				250	.00 P 06 P 02	250.0 100.0		
11/12/2003	Stefanie Meurer	COM	Realtor 100.00 Platinum Properties			.00 P 06 P 02	200.6 100.6		
11/12/2003	R. Shawn Nelson	DIND COM OTH PTY	Attorney R. Shawn Helson	250.00	250	.GO P 06	250.0		
11/12/2003	Mr. Cornell Norby	DIND COM OTH PTY	Art Dealer Self-Employed	100.00	100	.00 P C6 P 02	1,100.0 1,000.0		
11/12/2003	Mr. Robert Odle	DZ IND COM OTH PTY SCC	Consultant Odla & Associates	100.00	100	.00 F 06 F 02	700.0 200.0		
11/12/2003	Orange County Professional Firefighters Association (#950925)	IND IND OM OTH PTY SCC	•	100.00	100	.00 P 06 P 02	1,100.0 D.0		
			SUBTOTAL	900.00					

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from <u>07/01/2003</u>	FORM 400
through <u>12/31/2003</u>	Page 19 of 31
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norby for Supervisor AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER OF COMMITTEE, ALSO ENTER ID. MUMBER) CALENDAR YEAR TO DATE RECEIVED CODE \* (F SELF-EMPLOYED, ENTER MAME OF Business) PERIOD (JAN. 1 - DEC 31) (IF REQUIRED) 11/12/2003 Pacific Life ☐ NO 250.00 250.00 P 06 250.00 ☐ COM P 02 250,00 DI OTH ☐ PTY □ SCC 11/12/2003 Mr. Laer Pearce NO E PR Executive 50.00 300.0C P 06 300.00 COM P 02 100.00 □ OTH Laer Pearce & Associates ☐ PTY ☐ SCC 11/12/2003 Shea Hones ☐ IND 50.00 299.00 P 06 299.00 ПСОМ P 02 1,600.00 MOTH ☐ PTY ☐ SCC 11/12/2003 Mrs. Aurora Standring Retired ☑ NO 100.00 100.00 P 06 100.00 250.00 ☐ COM ☐ OTH ☐ PTY □ scc 11/12/2003 Hr. Larry Thomas M K Executive 100.00 100.00 ₽ 06 100.00 ☐ COM P 02 250.00 The Irvine Company ☐ SCC 11/12/2003 Johr Williams Board Member M NO 50.00 300.00 P 06 550.00 ☐ COM 100.00 South OC Community □ OTH College District □ scc SUBTOTAL S

Schedule A (Continuation Sheet) Monetary Contributions Received		Amoun	e or print in ink. Is may be rounded whole dollars.	Statement cov		CALIFORNIA 460			
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/3	2003	Page	20 6	of <u>31</u>	
NAME OF FILER Norby for Su	pervisor		•				MBER 17231		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALBO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YEAR		TO DATE		
12/14/2003	Pinnacle One, Inc.	DIND COM SOTH PTY		-250.00	•	50.00	P 06	250.00	
11/25/2003	Dolores V. Aguirre	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Name	150.00	J	50.00	P 06	350.00	
11/25/2003	Hrs. Nedra Crocker	DIND COM OTH PTY	Retired None	100.00		90.00	P 06 P 02	100.00 100.00	

Executive VP

Hodge & Associates

SUBTOTAL \$

50.00

150,00

50.00

COM COM COTH PTY SCC

□ NO

□ scc

DIND COM

300.00

1,400.00

1,050.00

P 66 P 62

P 06

P 06

300.00 225.00

1,400.00

1,150.00

11/25/2003

11/25/2003

11/25/2003

Mr. William Hodge

Sempra Energy

Medix Ambulance Service

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

	TRUCTIONS ON REVERSE							7 - 80		
AME OF FILER Norby for Su	pervisor					I.D. Ni 123	MBER 7231			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMUTTEE, ALSO ENTER LD. HUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER RECEIVED THIS CALENDA		CALENDAR Y	NDAR YEAR		UMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)		ELECTION DATE EQUIRED)
11/25/2003	Mrs. Judy Ware	DIND COM OTH PTY	Owner Mare Dispoal	900.00	9	00.00	5 06 5 06	960.6 3,000.6		
12/02/2003	Empire Pacific, LLC	DIND COM DIOTH PTY SCC		250.00	2	50.00	P 06	250.0		
12/03/2003	Mr. Richard Gunter	DIND COM OTH PTY SCC	Retired	100.00	2	00.00	P 06 P 02	200.0 200.0		
12/18/2003	American Medical Response	DIND COM DIOTH PTY SCC		250.00	2	50.00	P 06 P 02	1,250.0 1,000.0		
12/18/2003	Hearthside Homes Inc	DIND COM OTH PTY SCC	•	250.00	2	50.CO	P 06	250.(		
12/31/2003	Irvine Company	□ NO □ COM □ OTH □ PTY □ SCC		150.00	•	00.60	P 06 P 02	1,400.0 1,006.0		
			SUBTOTAL	1,900.00	Semination to the fire	ا د د د د د د د د د د د د د د د د د د د	· ar jeden sta			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print is Amounts may be to whole doll	rounded	Statement covers	CALIFORNIA 460			
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	003	Page_	22 of3	11
NAME OF FILER Norby for S	Supervisor		•			I.D NUM 12372		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (# REQUIRED)	AMOUNT THIS PERIOD	CAMULATIV CALENDA (JAN-1-1	R YEAR	PER ELECTI TO DATE (#F REQUIRE	
08/12/2003	Republican Party of Orange County  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		250.00		850.00	P 06	850.0
	☐ Support ☐ Oppose	Monatary Contribution Nonmonetary Contribution Independent Expenditure						-
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure						
			SUBTOTAL	L \$ 250.00				
1. Contribution	D Summary ons and independent expenditures made this period contributions and independent expenditures ma			•	••••••••	\$_		0.00

Schedule	E
<b>Payments</b>	Made

#### Type or print in ink. Amounts may be rounded

	SCHEDULE 8
Statement covers period	CALIFORNIA 460
from <u>07/01/2003</u>	FORM 400
through	Page23 of31
	I D. NUMBER
	1237231

aymenta made	to whole dollars.	from <u>07/01/2003</u>	FORM	-100
SEE INSTRUCTIONS ON REVERSE		through12/31/2003	Page 23	of
NAME OF FILER			I D. NUMBER	
Norby for Supervisor			1237231	
			<u> </u>	
CODES: If one of the following codes accurately de	secribae the normant was more enter the code. Other	uite describe the norment		

CODES: It one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL. t.v. or cable airtime and production costs. candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL. polling and survey research TRS staff/spouse travel, lodging, and meals independent expanditure supporting/opposing others (explain)\* POS postage, dalivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings print ads WEB information technology costs (internet, e-mail) PRT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Retty Presley & Associates, Inc.	PRO		8CC.00
Mr. Chris Norby	OFC		103.83
Setty Presley & Associates, Inc.	PRO		297.50

Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 279.45 

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (June/01) FPPC Toli-Free Helpline: 868/ASK-FPPC

1,201.33

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made	Type or print in link. Amounts may be rounded to whole dollars.		1	Statement covers period from07/01/2003		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh_	12/31/2003		24_ of 31_
Norby for Supervisor			•				1.D. NU 12372	
CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  INO independent expenditure supporting/opposing others (explain)*  LEG legal defense	MBR member co MTG meetings a OFC office expe PET petition circ phone bank POL politing and POS postage, de	immunications and appearant enses culating ks t survey reseated and management of the color of t	<b>:es</b>	RAD RFD SAL TEL TRC TRS TSF VOT	radio return camp t.v. or candio staffie transt voter	airtime and production led contributions laigh workers' satarias cable airtime and products travel, lodging, an spouse travel, lodging.	duction cost of meals and meals as of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)		CODE	OR	DESCRIPTION	N OF PA	YMENT		AMOUNT PAID
Republican Party of Orange County (#742088)		CTB						250.00
Betty Presley & Associates, Inc.		PRO			· · · · · · · · · · · · · · · · · · ·			800.00
Betty Presley & Associates, Inc.		PRO				•		187.50
Betty Preslay & Associates, Inc.		PRO						800.00
County of Orange		OFC						<b>83.46</b>
Payments that are contributions or independent expanditures must also be	e summarized on	Schedule D.				SHAT	TOTAL S	2 120 98

2,120.98

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2003	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norby for Supervisor		Ihrough 12/31/2003	Page25of31		
CODES: If one of the following codes accurately describe:  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC diviz donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	s the payment, you may enter the code. O  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone bents  POS professional services (legal, accounting)  PRT print ads	RAD radio airlime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable sirtime and production of the candidate travel, todging, and trass staff/spouse travel, todging, a	uction costs I meals and meals s of the same candidate/sponsor		
NAME AND ADDRESS OF PRYEE (#FCOMMITTEE, ALSO ENTER ID. MANGER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
American Express	PND		697.83		

NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER I.D. MUMBER!	CODE	OR	DESCRIPTION OF PRYMENT		MOUNT PAID
American Express	PND	<u> </u>			
					697.83
Betty Presley & Associates, Inc.	PRO				222.00
	i				800.00
					•
The Pacific Club	FND				
		ŀ		j	752.20
		1			
Manatt Phelps & Phillips	PND				
	}				80.00
Tim Paone	OFC	<del></del>			
					1,128.41
Payments that are contributions or independent expenditures must also be summarized	on Schedule I	 ).	SUBT	DTAL \$	3,458.44

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norby for Supervisor  CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (emision prographemator)*	Type or print in ink.	Statement covers period	Statement covers period					
	Amounts may be rounded to whole dollars.	from07/01/2003	FORM 460					
		through 12/31/2003	Page 26 of 31					
Norby for Supervisor			1.D. NUMBER 1237231					
CMP campaign paraphernalia/misc.	escribes the payment, you may enter the code  MBR member communications  MTG meetings and appearances  OFC office expenses	e. Otherwise, describe the payment.  RAD radio airlime and production raturned contributions  SAL campaign workers' salaries	costs					

POS postage, delivery and messanger services

PRO professional services (legal, accounting)

PET

petition circulating

POL polling and survey research

PHO phone banks

LIT campaign literature and mailings PRII. print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. MUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT FAID Betty Presley & Associates, Inc. **P**20 BGC . 00 Mr. Chris Norby POS 756.33 MAMM Foundation MTG 200.00 OC Federation of Republican Women MTG 160.00 Erica Rios OFC 31.26 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,947.59

TEL. t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals

VOT voter registration

candidate travel, lodging, and meals

TSF Iransfer between committees of the same candidate/sponsor

FIL candidate fling/ballot fees

IND independent expenditure supporting/opposing others (explain)\*

FND fundraising events

LEG legal defense

Schedule E (Continuation Sheet) Payments Made	Type or print in lnk, Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2003	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2003	27 - 24
NAME OF FILER		an eagn	Page of 31
Norby for Supervisor			ID. NUMBER 1237231
CODES: If one of the following codes accurately describes  CMP campaign paraphernalla/misc.  CMS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  Fit. candidate filing/ballot fees  FND fundralising events  IND independent expenditure supporting/opposing others (explain)*  legal defense  LIT campaign literature and mailings	the payment, you may enter the MBR member communications meetings and appearances office expenses petition circulating phone banks politing and survey research postage, delivery and messenge professional services (legal, acciprint ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of campaign workers' salaries TRC campaign workers' salaries t.v. or cable airtime and production of campaign workers' salaries transfer to the campaign of campaign and staff/spouse travel, todging, and staff/spouse travel, todging, and staff/spouse travel.	iction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYER UF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Designs III	PND		821.46
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mr. Chris Norby	OPC		
	orc		27.48
US Postmaster	POS		719.00
Mrs. Pamela Nollkamper	OFC		
			215.48
			Ì
Hi-Tech One Hour Photo	OFC		672.31
Payments that are contributions or independent expenditures must also	De summarized on Schedule D	SUBTO	TAL \$ 2.455.20

2,455.75

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts ma	Type or print in ink, Amounts may be rounded to whole dollars.			intement covers period m07/01/2003		
NAME OF FILER Norby for Supervisor			•	thr	ough <u>12/31/2003</u>	1.D. NUL 123723	
CODES: If one of the following codes accurately descri- CMP campaign paraphamalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings at OFC office exp petition of FHO potting and FOS postage, of the MBR member of the meetings and the member of the meetings and the member of the meetings and the member of the meetings and the member of the meetings and the meetings and the meetings are the meetings and the meetings and the meetings are the meeting are the meetin	ommunications and appearance anses culating alks d survey resea lelivery and me	e <b>s</b>		radio airtime and production returned contributions campaign workers' salaries 1.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer batween committee voter registration	s duction costs nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. MAMBER)		CODE	<b>O</b> R	DESCRIPTIO	N OF PAYMENT	1	AMOUNT PAID
Mrs. Pamela Nollkamper		PND					384.47
						·	
Erica Rice	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OPC		•			48.65

Payments that are contributions or independent expenditures must also be a	xummarized on Schedule D.	SUBTOTAL \$	1,674.33
Nrs. Pamela Nollkamper	OFC		243.71
		}	
			-
Betty Presley & Associates, Inc.	OFC		197.50
	ł		
			850.00
Betty Presley & Associates, Inc.	PRO		900.60
			48.65
Erica Rice	OPC		
		·	
	1 1	;	

CODES: If one of the following codes accurately described campaign paraphamalia/misc.		ayments Made  Amounts may be rounded to whole dollars.  INSTRUCTIONS ON REVERSE			d	fro	Statement covers period m07/01/2003 ough12/31/2003	63 FORM 46(	
Norby for Supervisor			•				I.D. NL 12372	MBER 31	
CODES: If one of the following codes accurately describe  CMP campaign paraphamalia/misc.  CMS campaign consultants  contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  Independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings	MBR	member con meetings an office expen- petition circu phone banks polling and s postage, del professional	nmunication d appearan ises ilating survey rese ivery and n	: C <del>os</del>	RAI RFD SAL TEL TRC	I radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committed voter registration	duction cos duction cos of meals and meals as of the sa	i ime candidate/sponsor	
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I D. MINIMER)			CODE	OR	DESCRIPTIO	IN OF PAYMENT		AMOUNT PAID	
Brica Rios			OFC					48.9	
					V				
				•	·				
					-				

48.97

SUBTOTAL \$

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts mey be rounded to whole dollars.	Statement covers period from 07/01/2003	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2003	Page 30 of 31
Norby for Supervisor			I.D. NUMBER 1237231
NAME OF AGENT OR INDEPENDENT CONTRACTOR Hrs. Pamela Nollkamper	` .		
CODES: If one of the following codes accurately describes the campaign parapharnalla/misc.  CNS campaign consultants MMIC contribution (explain nonmonetary)*  CVC cvc donations  Fil. candidate filing/ballot fees fundraising events  ND independent expenditure supporting/opposing others (explain)*  PCS legal defense	membar communications meetings and appearances office expenses petition circulating phone banks politing and survey research postage, delivery and messenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cabla airtime and prod TRC candidate travel, lodging, an	costs  tuction costs of meals

PRO professional services (legal, accounting)

PRT print ads

VOT voler registration

WEB information technology costs (internet, e-mail)

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR OF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	
Target	OPC		AMOUNT PAID
			215.4
CostCo Wholesale	FND		
			107.21
CostCo Wholesale	- GNS		
			192.00
CostCo Wholesale	OPC		
			221.48
lach additional information on appropriately labeled continuation sheets			TOTAL* \$ 736.17

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E. www.netfile.com

<sup>&</sup>lt;sup>e</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2003	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	•	through 12/31/2003	Page 31 of 31	
NAME OF FILER Norby for Supervisor			I.O. NIMBER 1237231	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC dvic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL potting and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TBL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	ocets duction costs of meals	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOL	INT PAID
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ttach additional information on appropriately labeled continuation sheets.	<u> </u>	<u> </u>		TOTAL* \$	740.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E. www.netfile.com